



**Medical Information:**

**Disability:** \_\_\_\_\_

**If face down in the water wearing a life-preserver, are you able to roll onto your back independently?  
This is MANDATORY and you will have to pass a roll test prior to skiing.      Yes   No**

**Please answer the following questions. Optional but helpful**

	<b>Yes or No</b>	<b>If yes, please explain.</b>
Are you currently under a doctor's care?		
Are you ambulatory?		
Do you need to limit your physical activities for any reason?		
Do you use any head supports or trunk supports?		
Are there any medical conditions the staff should know about (asthma, diabetes, heart trouble, LAS, etc.)?		
Do you have: shunts, catheter, colostomy bag, implants, etc?		

In signing below, I verify that the information on this registration above is current and accurate. I understand that the information above is confidential and will be used only by the Mankato Area Adaptive Water Ski Program to provide the student with a safe and fun skiing experience.

Skier (or Legal Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **ASSUMPTION OF RISK POLICY**

Risks: *Please understand that water skiing is an active and potentially dangerous activity.* By taking part, you are risking your physical being. It is, however, impossible to list all of the dangers involved in this activity. The eventualities of injuries or death are so diverse that no one can second-guess everything that can go wrong. Before you participate, you should become informed as much as possible about the inherent dangers and make sure that you are adequately prepared with the proper equipment and adequate clothing to minimize these dangers.

**You are under no obligation to take part in these activities or to do any thing you do not feel comfortable with or are beyond your ability.** Do not participate in this activity if you think it is perfectly safe. It is not. You are expected to use common sense and make it safe for yourself and others.

Personal Medical Conditions: **It is your responsibility to check with a medical doctor to see if you have any medical or physical conditions which might create a risk to yourself or others who depend on you.** These conditions may include, but are not limited to, physical or medical disabilities; medication or drugs you may be taking; dietary restrictions; allergies or sensitivities to penicillin, foods, etc. **YOU MUST DISCUSS ANY POTENTIAL PROBLEMS WITH THE VOLUNTEERS PRIOR TO SKIING!**

Participation is Voluntary: Mankato Area Public School Community Education & Recreation A.C.C.E.S.S. Program and SMILES Center for Independent Learning is NOT requiring you to participate in this skiing activity. If you feel a particular part of the skiing experience is beyond your ability or if you feel it has some risks you are not prepared to accept, you should simply feel free to NOT participate in that aspect. **It is your responsibility, however, to constantly evaluate your abilities and comfort level and make careful decisions whether or not to participate.** Exercise your common sense. Participate voluntarily and participate at your own risk.

Your Responsibilities: In order for this activity to be as safe as it can be, it means that you need to take some very important responsibilities. These responsibilities include: taking care of personal medical concerns prior to participating, realistically and honestly evaluating your abilities, communicate clearly with instructors about concerns, strengths, and abilities, finding out about and obtaining proper equipment and clothing for the activity, obtaining the necessary health insurance to cover yourself should an accident occur, finding out about risks and making careful decisions about participating, and helping in any possible way to make the activity safe for you and others.

**Please be certain to read and understand the above statements regarding the Mankato Adaptive Water Ski Program Assumption of Risk Policy.**

## RELEASE OF LIABILITY

**Release of Liability: Please read carefully and sign below if you agree to all of the terms.**

I recognize that there is a significant element of risk in adaptive water skiing, as in any adventure sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved, I certify that I and/or my family (including any minor children) are fully capable of participating in the adaptive water skiing program. I hereby, intending to be legally bound, for myself/my son/daughter/ward, executors or administrators or partners, waive and release forever SMILES Center for Independent Living, Mankato Area Public School and/or Community Education and Recreation ACCESS Program, it's Board of Directors, volunteers, and/or employees from any and all liability, claims, or damage caused to me occurring or arising from my participation in this program. I assume full responsibility for myself and/or my family, including any minor children, for bodily injury, death, loss of personal property and expenses thereof, as a result of my participation in this program. I, and my heirs, will not hold Mankato Area Public Schools and/or Community Education & Recreation A.C.C.E.S.S. Program, instructors, volunteers, partners or other sponsoring agencies liable for personal injury, accidents, or death. I have read, understand, and accept the terms and conditions stated herein and in the Assumption of Risks Policy, and I acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in this activity.

**Photo Release:**

I give SMILES CIL and Community Education & Recreation ACCESS program permission to use my photograph and to publish the same without incurring any debts or liabilities to me of any kind.

YES  NO

**Please Note: Filling out the registration form does NOT ensure you will be able to participate in MAASP or participate during your desired lesson dates.**

**By signing below, I have read, understand, and accept the terms and conditions stated in the Assumption of Risks Policy and Release of Liability; I acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in this activity.**

\_\_\_\_\_  
Skiers Name (Print)

\_\_\_\_\_  
Skier Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Skier's Legal Guardian (if not self)

\_\_\_\_\_  
Date

**Please return to:** SMILES  
709 S. Front St or via email: [bdanberry@smilescil.org](mailto:bdanberry@smilescil.org)  
Mankato, MN 56001